

INDEXING INSTRUCTIONS:

Prepared By & Return to:
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STATE OF MISSISSIPPI
COUNTY OF DESOTO
THIRD JUDICIAL DISTRICT

**QUIT CLAIM DEED WITH RESERVATION
OF LIFE ESTATE**

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00), cash in hand paid, and for other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, I,

WILLIAM P. EDMUNDS, an unmarried person, GRANTOR(S)
755 Eaglewood Drive
Southaven, Mississippi 38671
Home #901-833-5225 Work # None

do hereby convey and quitclaim unto

**JENNIFER C. ESTES AND SHANNON KELLI LAND, TOGETHER WITH A RESERVATION
OF LIFE ESTATE TO WILLIAM P. EDMUNDS, GRANTEE(S)**
755 Eaglewood Drive
Southaven, Mississippi 38671
Home # 901-833-5225 Work # None

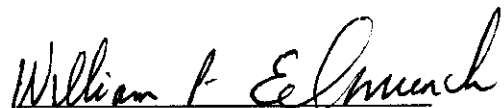
all his rights, tile and interest in the following described property situated in the County of DeSoto, State of Mississippi, together with all improvements and appurtenances thereon more particularly described as follows:

LOT 1832, SECTION I, GREENBROOK SUBDIVISION, situated in Section 30, Township 1 South, Range 7 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 11, Pages 23-24, in the Office of the Chancery Clerk of DeSoto County, Mississippi.

Being the same property as conveyed to Grantor(s) in Deed Book 244, Page 734, in the Office of the Chancery Clerk of DeSoto County, Mississippi.

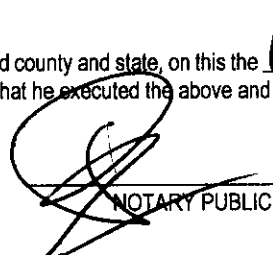
By way of explanation, M. Joy Edmunds, wife of the said William P. Edmunds, Grantor, passed away on June 12, 2003, as evidenced by the Certificate of Death attached hereto and made a part of this instrument.

WITNESS MY SIGNATURE, this the 6th day of January, 2011.


William P. Edmunds, Grantor

STATE OF MISSISSIPPI
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the said county and state, on this the 6th day of January, 2011, within my jurisdiction, the within named WILLIAM P. EDMUNDS, who acknowledged that he executed the above and foregoing instrument.


NOTARY PUBLIC

My Commission Expires:

NO TITLE WORK WAS REQUESTED OR PERFORMED BY THE LAW OFFICE OF GEORGE B. READY



STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

DK W BK 650 PG 142

TYPE OR PRINT
IN BLACK INKFILING
DATE

JUN 2 5 2003

CERTIFICATE OF DEATH

STATE FILE
NUMBER

123-

03-012665

DECEASED	1. NAME First Middle Last MARGARET JOY EDMUNDS			2. SEX FEMALE	3a. HOUR OF DEATH 9:38Pm	3b. DATE OF DEATH (Month, Day, Year) JUNE 12, 2003			
	4. RACE (Specify White, Black, American Indian, etc.) WHITE		5a. AGE AT LAST BIRTHDAY 47 Years		5b. MOS ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY		6. DATE OF BIRTH (Month, Day, Year) AUGUST 13, 1955	7a. COUNTY OF DEATH DESOTO	
	7b. CITY OR TOWN OF DEATH SOUTHAVEN		7c. HOSPITAL OR OTHER INSTITUTION-NAME AND NUMBER (If not in either, give street address, route number or other location) BAPTIST HOSPITAL - DESOTO 17B			7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER. RM. OR DOA INPT		8. STATE OF BIRTH KENTUCKY	
	9. DECEDENT'S EDUCATION (Specify only highest grade completed) Elem/High School College (0-12) 12 (14-16) 5+		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		11. SURVIVING SPOUSE (If wife, give maiden name) PAT EDMUNDS		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) NO		
RESIDENCE items, or actual location home other than filing address	13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.) AMERICAN		14. USUAL OCCUPATION (Kind of work done, most of working life) MANAGER		15b. KIND OF BUSINESS OR INDUSTRY MCDONALD'S				
	15a. RESIDENCE-STATE MISSISSIPPI	15b. COUNTY DESOTO	15c. CITY OR TOWN SOUTHAVEN		15d. INSIDE CITY LIMITS (Specify Yes or No) YES	15e. STREET AND NUMBER OR RURAL LOCATION 755 EAGLEWOOD DRIVE			
ARENTS	17. FATHER-NAME First Middle Last WARD SCHUMPERT			18. MOTHER-NAME First Middle Maiden FLORA WALD					
FORMANT	19a. INFORMANT-NAME (Type or print) PAT EDMUNDS			19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 755 EAGLEWOOD DRIVE, SOUTHAVEN, MS 38671					
POSITION	20a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		20b. CEMETERY, CREMATORY-NAME TWIN OAKS MEMORIAL GARDENS		20c. LOCATION (City and State) SOUTHAVEN, MISSISSIPPI		21a. EMBALMER-SIGNATURE AND NUMBER REGINA K. PEEBLES FS-789		
PRONOUNCEMENT	21b. FUNERAL HOME-NAME AND MISSISSIPPI I.D. NUMBER TWIN OAKS FUNERAL HOME 17T			21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 290 GOODMAN ROAD EAST, SOUTHAVEN, MS 38671					
	22a. PERSON WHO PRONOUNCED DEATH-NAME AND TITLE (Type or print) GRADY MARLOW, MD			22b. PRONOUNCED DEAD (Month, Day, Year) ON JUNE 12, 2003		22c. PRONOUNCED DEAD (Hour) AT 9:38Pm			
CERTIFIER	23a. CERTIFIER-NAME (Type or print) STEVAN HIMMELSTEIN, MD			23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code) 401 SOUTHCREST CIR., #211, SOUTHAVEN, MS 38671					
	24a. To the best of my knowledge, death occurred due to the cause(s) and manner as stated SIGNATURE <i>[Signature]</i> MD			24e. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated SIGNATURE <i>[Signature]</i>					
	24b. DATE SIGNED (Month, Day, Year) 6/18/03		24c. STATE LICENSE NUMBER 12664		24f. TITLE				
	24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)			24g. DATE SIGNED (Month, Day, Year)					
USE OF DEATH	25. PART I. IMMEDIATE CAUSE (Enter one cause only) (a) <i>myocardial infarction</i> Interval between onset and death								
	DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (b) <i>coronary artery disease</i> Interval between onset and death								
	DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only): (c) <i>renal failure</i> Interval between onset and death								
	26. PART II. OTHER SIGNIFICANT CONDITIONS-Conditions contributing to death but not resulting in the underlying cause given in PART I								
Had Decedent been Pregnant within 90 Days prior to Death? <input type="checkbox"/> Yes <input type="checkbox"/> No	29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)			29b. DATE OF INJURY (Month, Day, Year)		29c. HOUR OF INJURY m.		29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED	
	29e. INJURY AT WORK (Yes or No)		29f. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)		29g. LOCATION		Street or route number		City or town

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

JUN 26 2003

Judy Moulder
STATE REGISTRAR

WARNING:

A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT